7. S. No. 2 DEPARTMENT OF COMMERCE BURBAU OF THE CENSUS MISSOURI STATE BOARD OF HEALTH **4--11-10-39** STANDARD CERTIFICATE OF DEATH ev. 5-17-39 **№** I X21492 Registration District No. Primary Registration District No. Registrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED. St.Louis RECORD (a) County..... St.Louis St.Louis Missouri (b) County. (b) City or town Maplewood (c) Name of hospital or institution: City Hospital (c) City or town 3105 Edger Ave. PERMANENT (If not in hospital or institution, write street dumber or breation) (d) Length of stay: In hospital or institution 1.5 (If rural, give location) In this community. years, months or days) (e) If foreign born, how long in U. S. A.?.... MEDICAL CERTIFICATION 8. (a) PRINT FULL NAME. Lester H.Meidner 20. DATE OF DEATH: Month... 3. (b) If veteran. 8. (c) Social Security INK-MAKE name war.... 21. I hereby certify that I attended the deceased from ... 6. (a) Single, wide wed, married Male divorced..... and that death occurred on the date and hour stated above 6. (b) Name of husband or wife... 6. (c) Age of husband or wife li BLACK August 1890 7. Birth date of deceased (Year) (Month) (Day) 8. AGE: Years Months Days If less than one day UNFADING 49 _min. St.Louis. Mo. 9. Birthplace_ (City, town, or county) (State or foreign country) Salesman 10. Usual occupation. American Printing 11. Industry or business 12. Name Herman Meidner Washington.D?C ie cause to 18. Birthplace.. which death Te Benjamin State or forbien should be 14. Maiden name. charged sta-St.Louis, Mo. tistically. 15. Birthplace 22. If death was due to external causes, fill in the following: (Lily Cown, acount in CT (State or foreign country) (a) Accident, suicide, or homicide (specify). 16. (a) Informant (b) Date of occurrence (b) Address March (c) Where did injury occur?. (d) Did injury occur in or about home, on farm, in industrial place (c) Place: burial or cremation 18. (a) Signature of funeral director 2216 Delmar (b) Address. 19. (a) (Date received local registrar) (Licensed Embalmer's Statement on Reverse Side

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	reverse side of this certificate was embalme	d by me	or by	, 	
		ice No			
working under my personal supervision.	· •	• .	* •	•	٠
	01.00				

P. O. Address 52/6 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.